

# **COLORADO**



## **Governance**

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**Approved: September 12, 2016**

#### Article I: Name

The name of this state-wide forum is the Colorado Healthcare Coalition Council.

#### Article II: Mission Statement

The statewide Healthcare Coalition Council (HCC Council) mission is to serve as Colorado's resource for local and regional healthcare coalitions through collaboration, guidance, leadership and support to all partners and stakeholders by promoting sustainable planning, training and exercising.

#### Article III: Vision Statement

Strengthen active healthcare coalitions that are cross-disciplinary and inclusive of jurisdictional boundaries to better coordinate and plan emergency preparedness efforts through planning, training and exercises.

#### Article IV: Objectives

- To build and support healthcare coalition capacity in preparedness, response, recovery, and mitigation related to incidents that have a public health and medical impact;
- To identify and facilitate the sharing of best practices, technical support, information sharing, governance development and access to resources among healthcare coalitions;
- To coordinate training to assist healthcare coalitions in developing knowledge and skills to plan, communicate and coordinate healthcare emergency support;
- To identify and assess essential healthcare assets and services of healthcare coalitions statewide;
- To identify gaps in healthcare coalitions and strategies to mitigate;
- To create a plan for integration, coordination and communication with CDPHE's Department Operations Center and healthcare coalitions in an incident;
- To develop collaborative state-level partnerships with Colorado Division of Homeland Security and Emergency Management and other statewide partners to improve the coordination of emergency preparedness planning and training.

#### Article V: Membership

##### *Section 5.01 Member Coalitions*

The Healthcare Coalition Council is comprised of all identified healthcare coalitions operating within Colorado. A list of voting member agencies is attached to this document and is periodically updated.

The Council was created as a working group by the Public Health and Medical Advising Committee (PHMAC) hosted by The Colorado Department of Public Health and Environment (CDPHE). This working group reports back to the PHMAC at their standing meetings.

### *Section 5.02 Coalition Representation*

Each Healthcare Coalition recognized by CDPHE's Office of Emergency Preparedness and Response (OEPR) is allowed one representative on the Healthcare Coalition Council. Each coalition is encouraged to select a primary and alternate member to serve as their designated representative. Additionally, CDPHE and the Colorado Hospital Association (CHA) are included as members of the Council in an advisory capacity.

### *Section 5.03 As-Needed Participants*

- (a) As-needed participants may send staff to attend and participate in Healthcare Coalition Council meetings in an advisory capacity. It is recommended that participants from these agencies/partners be regularly involved in health and medical preparedness activities in Colorado.
- (b) The following agencies are invited to participate in the Coalition Council:
  - (1) The Colorado Division of Homeland Security and Emergency Management;
  - (2) Health and medical and emergency management partners from throughout the state;
  - (3) Other emergency preparedness and response partners, such as non-governmental agencies, from throughout the state;
  - (4) Federal partners;
- (c) Member Coalitions must meet CDPHE standards which includes a hospital stakeholder. Those requesting membership whose mission does not align with that of the Council are encouraged to participate in their local healthcare coalition(s) as a way to interact with the Council.

### Article VI: Council Leadership

The Healthcare Coalition Council has three (3) officers – two Co-Facilitators and a Secretary. In addition, Work Group Leads are appointed on an as-needed basis. One (1) Council member is appointed to represent the Council on the State All-Hazards Advisory Council.

### *Section 6.01 Co-Facilitators*

- (a) The term for the Co-Facilitators is twelve (12) months, beginning with adjournment of the designated Healthcare Coalition Council in-person meeting of the calendar year and ending with adjournment of the corresponding Council meeting the following year.
- (b) The Co-Facilitators coordinate to fulfill the following roles and responsibilities during their tenure in these positions:
  - (1) Coordination of meeting dates/times/locations;
  - (2) Finalization of meeting agendas prior to meeting dates;
  - (3) Facilitation of meetings;
  - (4) Follow-up to ensure that all tasks assigned during Healthcare Coalition Council Planning sessions and meetings are completed in a timely manner;
  - (5) Work with CDPHE and CHA on special projects related to the Healthcare Coalition Council;
  - (6) Report Healthcare Coalition Council updates and progress to the PHMAC during their regularly scheduled meetings;

#### *Section 6.02 Secretary*

- (a) The term for the Secretary is twelve (12) months, beginning with adjournment of the designated Healthcare Coalition Council in-person meeting of the calendar year and ending with adjournment of the corresponding Council meeting the following year.
- (b) The Secretary fulfills the following roles and responsibilities:
  - (1) Take minutes during all HCC Council planning and full membership meetings;
  - (2) Distribute via email all tasks assigned during HCC Council planning and full membership meetings to members within 48 hours of that meeting;
  - (3) Distribute via email the minutes from all HCC Council planning and full membership meetings to members within 10 days of that meeting;
  - (4) Acquire updated coalition member list from Colorado Hospital Association and maintain the Council Membership list. Distribute the list on a quarterly basis prior to meetings and otherwise as requested.

#### *Section 6.03 Work Group Leads*

- (a) Appointed Work Group Leads will remain in this position until all objectives are met. If unable to fulfill this role, the outgoing work group will coordinate with the HCC Council Officers and the work group in question to identify a new Work Group Lead.
- (b) The Work Group Leads fulfill the following roles and responsibilities:
  - (1) Draft and finalize agendas for work group meetings;
  - (2) Facilitate work group meetings;
  - (3) Follow-up to ensure that all tasks assigned during work group meetings are completed in a timely manner;
  - (4) Report work group progress and challenges to the Healthcare Coalition Council during full member meetings;

#### *Section 6.04 State All-Hazards Advisory Council (SAHAC) Representative*

The SAHAC Representative for the next calendar year is selected and appointed from the membership of the Healthcare Coalition Council at the final in-person Council meeting of the calendar year. The term is twelve (12) months, beginning with adjournment of the final SAHAC meeting of each calendar year.

- (a) Participate either in person or via conference call in all SAHAC meetings through the calendar year.
- (b) Nominate a substitute to participate either in person or via conference call in any SAHAC meeting that the representative cannot attend.
- (c) Represent interests of the Healthcare Coalition Council for any relevant items discussed at SAHAC meetings or through special sessions.

#### *Section 6.05 Other meetings. Furnish Council liaison as warranted.*

### Article VII: Facilitation and Election

### *Section 7.01 Facilitation*

The Healthcare Coalition Council is led by two elected co-facilitators representing an urban and a rural coalition respectively. All participants may either put discussion items on the agenda prior to Council meetings or may introduce topics at an appropriate point during a meeting.

### *Section 7.02 Elections*

- (a) Elections are voting events used to select the officers of the Healthcare Coalition Council.
- (b) The elections are held during the designated in-person meeting of each calendar year.
- (c) The election process:
  - (1) In order to be considered for a position, a person must first be nominated by a full member and then seconded by another. A person cannot be nominated by their housing agency and thus cannot nominate themselves. Additionally, each full member agency can only endorse one (1) individual. Both nominating and seconding a nomination constitute an endorsement of an individual.
  - (2) All candidates that receive both a nomination and a second are placed on the ballot.
  - (3) Each candidate on the ballot will be given an opportunity to address the Healthcare Coalition Council members.
  - (4) After the candidates' statements, the vote will be called.
  - (5) All members may then vote for their choice from the ballot.
  - (6) A person must receive a simple majority (not a plurality) of the votes cast to be elected to an office.
    - (i) If no majority is obtained in the first round of voting, successive rounds are conducted with the name of the individual receiving the least number of votes dropped on successive rounds of balloting.
    - (ii) Discussion is permitted after each round of voting.
    - (iii) Discussion will end when a majority of the full member agencies want to vote again.
  - (7) Voting is conducted with an open ballot, unless a full-member agency requests a closed ballot.
  - (8) If a closed ballot is requested, the following process is followed:
    - (i) Each agency anonymously writes their vote on a piece of paper and places it into a designated receptacle;
    - (ii) An additional vote counter is identified through consensus of the Council to assist the secretary in tallying the votes;
    - (iii) The secretary and the additional vote counter independently tally and record the votes and provide results to either of the co-facilitators for announcing the outcome;

## Article VIII: Council Meetings

### *Section 8.01 Types of Meetings*

- (a) Regular in-person. These are conducted at least twice per calendar year to foster relationships and networking. For all regular meetings, the Council receive updates

from member coalitions, strategize about upcoming events or projects, assign appropriate project tasks, and review results compiled by Healthcare Coalition Council working groups.

- (b) Regular via teleconference. These may be conducted at least twice per calendar year to enable maximum participation by members unavailable to travel significant distances for in-person meetings.
- (c) Special in-person. If a Healthcare Coalition Council's regular meeting does not provide sufficient time to accomplish all critical business, or if critical business must be accomplished before the Council's next scheduled meeting, Council Leadership may call a special session of the Healthcare Coalition Council. Council business in special sessions is limited to the critical business that necessitated the calling of the special session.
- (d) Special via teleconference. If critical business must be accomplished that does not require a recorded written vote, Council Leadership may call a special session via teleconference. Council business is limited to the critical business that necessitated calling the special session.

#### *Section 8.02 Meeting Frequency*

- (a) The Healthcare Coalition Council meets a minimum of four times per calendar year and at least once per quarter. At least two meetings will be held face-to-face while the remaining meetings may be conducted via conference call. Exact meeting dates and time are determined and communicated to all Healthcare Coalition Council members at least one month prior to the meeting date. Call-in option will not be available for regularly scheduled in-person meetings in order to better meet the purpose of the Council.
- (b) Canceling and Rescheduling of Regular Meetings. If a scheduled meeting of the Healthcare Coalition Council conflicts with significant dates, activities or events, Council officers may cancel or reschedule that regular meeting through consensus of the members.

#### *Section 8.03 Working Groups*

Working groups may be established for specific planning efforts. These groups may meet only once or on an ongoing basis. All products created by the working groups are subject to final approval by the Healthcare Coalition Council as a whole.

#### *Section 8.04 Attendance*

To ensure maximum participation throughout the state, it is recommended that all member coalitions attend a minimum of three meetings throughout the calendar year. In order for an agency to be considered present, a representative must be in attendance in person or via conference call.

#### Article IX: Code of Conduct

To ensure effectiveness of meetings and the greatest promotion of partnerships in the Council, the following Code of Conduct is adopted.

### *Section 9.01 Tenets of the Code of Conduct*

- (a) Respect is practiced by all individuals who attend or participate in the Healthcare Coalition Council meetings, both during the Council meetings and whenever representing the Council.
- (b) Each member agrees to make every effort to be punctual, attend every Healthcare Coalition Council meeting, and participate throughout the meeting. Participation may include active listening in addition to speaking or providing presentations.
- (c) Openness to new ideas is displayed by all attendees of the Healthcare Coalition Council meetings. Disagreement to a new idea is acceptable, but it should only be expressed after a complete presentation and thorough consideration of an idea.
- (d) Discussions are issue-based and related to the merits of an idea. If a discussion is related to an individual's performance, it must be relevant to the mission, vision and purpose of the Healthcare Coalition Council and concerned solely with verifiable examples of the individual's behavior that bear on the discussion; at no time should the discussion address personal matters.
- (e) No sidebar conversations.
  - (1) All conversations are directed to the entire group and should remain focused on the topic at hand.
  - (2) All phone calls, emails and texts are accomplished away from the meeting table.
- (f) Decisions by the Healthcare Coalition Council are honored by all members/coalitions.
  - (1) All members/coalitions agree to follow the recommendations of the Healthcare Coalition Council when representing the Council.
  - (2) Dissent is not a justifiable cause for misrepresenting the collective will of the Healthcare Coalition Council as communicated through its recommendations.
  - (3) Both the intentional misrepresentation of the collective will of the Healthcare Coalition Council and the disregard of the recommendations of the Council when representing this body constitute a violation of this Code.
- (g) Completion of assigned tasks. Individuals agree to make every effort to complete assigned work by the deadlines unless (1) an unexpected incident prevented the work from being completed, or (2) the work was more complicated than previously recognized and requires more time to be done well.
- (h) Honesty is practiced by all.
  - (1) No individual knowingly misrepresents themselves, their agency, their work or anything else to the Healthcare Coalition Council.
  - (2) To honor the spirit of collaboration of the Healthcare Coalition Council, no individual intentionally withholds information pertinent to any partner agency.
- (i) Each member should consider not only their own interests, but also the interests of the other members/coalitions, the Healthcare Coalition Council, and the emergency preparedness and response community as a whole.

### *Section 9.02 Purpose of the Code of Conduct*

Practice of this Code will help to foster cooperation and productivity within the Healthcare Coalition Council and in its meetings. It provides the foundation upon which the Healthcare Coalition Council builds and from which the Council directs its activities.

*Section 9.03 Potential Penalty for Failure to Follow the Code of Conduct*

As this Code is expected to be followed by all, and at all times, violation of its terms may result in censure.

**Article X: Amending the Charter**

This document is reviewed annually by newly elected/reelected leadership and may be amended at any regular or special Council meeting. At least two-weeks' notice with any proposed change(s) is provided to the Council for the ensuing vote to be considered binding.